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		Substitute 1	or Form PTO-875	SAMO VERGIÓN S	. Annio	allary or Drokel Hambar
	CLAIMS	AS FILED - P.	ART (170	163001
500		Column 11	(Column 2)	SMALL E	NTITY OR	OTHER THAN
BASICFEE	HUI	MBER FILED	NUMBER EXTRA		· OR	SMALL ENTITY
(37 CFR 1.16(a)) TOTAL CLAIMS		:.		PATE	FEE	RATE
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MULTIPLE DEPEND	ENT OF AMARIA	minus 3 e	•	X 4 =		X \$ =
2			1.16(4)	+4 =	OR	X 1
⁴ If the difference in	column 1 Is less u	han zero, enter "O"	In column 2		OR OR	+:
		MENDED - PA		TOTAL	OR :	TOTAL
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-	(Column 1).	, (00	lumn 2) (Column 3	5444		4.
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				TOTAL ADD'L FEE	OR +1	
	olumn 1)	(Column	(Column 3)		OR ADD	LFEE
1 1 0	CLAIMS MAINING	HIGHES	T	<u> </u>		121
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FIRST PRESENTATION	OF MULTIPLE DEP	ENDENT CLAIM (3	7 CFR 1.16(d))	+1 =	OR XI	===
• •	•			TOTAL	OR +:	E
If the entry in column If the "Highest Number If the "Highest Number The "Highest Number	1 Is less than the	entry in column 2,	wile *0" ka column 3.	ADD'L FEE	OR TOTAL	EE
				or *20*,		
ollection of Information	to the colleged by the	or (Total or Indepe	ndent) is the highest number of the highest	or "20", "3", Imber found in the appropr		

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTU to process) an application. Confidentially is poverned by 35 U.S.C. 122 and 37 CFR 1.13. This confection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22311-1450.